UTILITY PATENT APPLICATION TRANSMITTAL

							⊗ D(UPLICATE		
Address to: BOX PATENT APPLICATION Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450					Attorney Docket	No.	ICH3009/EM	, g		
					First Named Inv (or identifier)	entor C	Chin-Yuan LI			
					Total Pages	1	9			
		Transmi	itted h	erewith is a pater	nt applicati	on under	37 CFR 1.53(b).	30.0		
Entit	led:	HEAT S	SINK	MODULE						
×	1.	Submitte	d herev	with are the followin	ıg:					
		8 pages of specification, including claims and Abstract. 3 sheets of FORMAL drawings (Figs. 1-3) 5 claims.								
 Oath/Declaration signed by each inventor. Application Data Sheet. Assignment of the invention to Inventec Corporation, Taipei, Taiwan, R.O.C. Cover Sheet, and payment of the \$40 recordal fee. 										
							gnment Recordation I	Fee).		
0	2.	SMALL E	NTITY	STATUS IS ASSERT	ED pursuant	to 37 CFR	1.27 for this application	1.		
Ø	3.	The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.								
	4.	Insert before the first sentence of the specification: This application claims the benefit of provisional application number filed								
	5.	Insert before the first sentence of the specification: This application is a Continuation-in-part of nonprovisional application numberfiled,								
	6.	Other:								
Reg. N	lo. 25	,893; Rich	ard E. I		382; Thomas	J. Moore, F	v, Reg. No. 19,179; Eug Reg. No. 28,974; Josep			
		THE	FILING FI	EE IS CALCULATED AS FO	LLOWS:		Basic Fee:	\$750.00		
Total Claims: 5 -:		- 20 =		0	X \$18 =	\$0.00				
lr.	ndepen	dent Claims:	1	- 3 =		0	X \$84 =	\$0.00		
		e Address:	PLLC	23364	. [Multiple Dependent Claim (add \$280.00): \$0.00				

1	- 3 =	0	X \$84 =	\$0.00
BLI C	23364	Multiple Deper	\$0.00	
loor	CUSTOMER NUMBER		\$750.00	
-1176		50% Redu	\$0.00	
500 Fax: 703-683-1080 Total:				\$750.00
	Name:	Signature:		Reg. No.
	Eugene Mar		25,893	
	PLLC Floor 1176	PLLC 23364 CUSTOMER NUMBER 1176 Fax: 703-683-1080 Name:	PLLC 23364 Multiple Deper 1176 So% Redu Fax: 703-683-1080 Name: Si	Multiple Dependent Claim (add \$280.00): Cloor

